

Questions to Start an Initial Application

2. What is the name of your institution?

29. What is your principal location?

Name of location

Business street address

City

County

State (or province) and zip+4 (and country, if outside the U.S.)

- 6a. What is your 9-digit Taxpayer Identification Number (TIN) assigned by the IRS?

35. ☐ This is an initial application and you are a new institution *with* a prior history (for example, you have been in operation for one or two years).

If you are a for-profit institution or if you offer a program of less than one academic year, tell us on what date you were both legally authorized to provide and began continuously providing the education or training program(s) for which you are seeking eligibility.

Month, day, year

Note: You must have been in existence for at least two years to be eligible to participate in federal student financial

18. Check your type of institutional structure (check one).

☐ Public institution

- ☐ Private nonprofit 501(c)(3) institution
You must include a copy of your 501(c)(3) designation from the IRS.
- ☐ For-profit institution
- ☐ Foreign institution (check one)
- ☐ Public institution
- ☐ Private nonprofit institution
You must include a certified English translation of your nonprofit designation status.
- ☐ For-profit institution (Note: Foreign graduate medical schools are the only foreign for-profit institutions eligible to apply to participate in federal student financial aid programs.)

14. Whom should we contact if we have questions about information in this form?

First name, Middle initial, Last name
(include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

E-mail address (if applicable)

Section L.

Signature of President/CEO/Chancellor

Date (*mm/dd/yyyy*)

	/		/	
--	---	--	---	--